

IPW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
Stone et al. ) Examiner: Hyeon, Hae M.  
Application No: 10/666,462 ) Art Unit: 2839  
Filed: September 19, 2003 )  
For: Integrated Circuit Package with a )  
Varied Pitch Distance )

AMENDMENT

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 24, 2006, applicants respectfully request the Examiner to enter the following amendments and to consider the following remarks.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

April 17, 2006

Date of Deposit

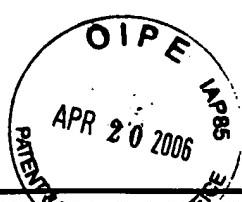
Leah Schwenke

Name of Person Mailing Correspondence

Leah Schwenke  
Signature

4/17/06

Date



IPR

# FEE TRANSMITTAL for FY 2005

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      (\$)  
                                        0.00

Complete if Known	
Application Number	10/666,462
Filing Date	September 19, 2003
First Named Inventor	Brent Stone
Examiner Name	Hyeon, Hae M.
Art Unit	2839
Attorney Docket No.	42P16890

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below                          | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) | <input checked="" type="checkbox"/> Credit any overpayments                       |
| under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.   |   |

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	16	20* = 0	50.00 =	\$0.00
Independent Claims	3	3* = 0	200.00 =	\$0.00
Multiple Dependent				

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205		2205		**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>		<b>(\$)</b>		<b>0.00</b>

\*\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	Surcharge - late filing fee or oath	
1052	2052	Surcharge - late provisional filing fee or cover sheet.	
2053	2053	Non-English specification	
1251	2251	Extension for reply within first month	
1252	2252	Extension for reply within second month	
1253	2253	Extension for reply within third month	
1254	2254	Extension for reply within fourth month	
1255	2255	Extension for reply within fifth month	
1401	2401	Notice of Appeal	
1402	2402	Filing a brief in support of an appeal	
1403	2403	Request for oral hearing	
1451	2451	Petition to institute a public use proceeding	
1460	2460	Petitions to the Commissioner	
1807	1807	Processing fee under 37 CFR 1.17(q)	
1806	1806	Submission of Information Disclosure Stmt	
1809	1809	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify)

**SUBTOTAL (2)**

**(\$)**

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Mark L. Watson	Registration No. (Attorney/Agent)	46,322	Telephone	(303) 740-1980
Signature				Date	04/17/06